

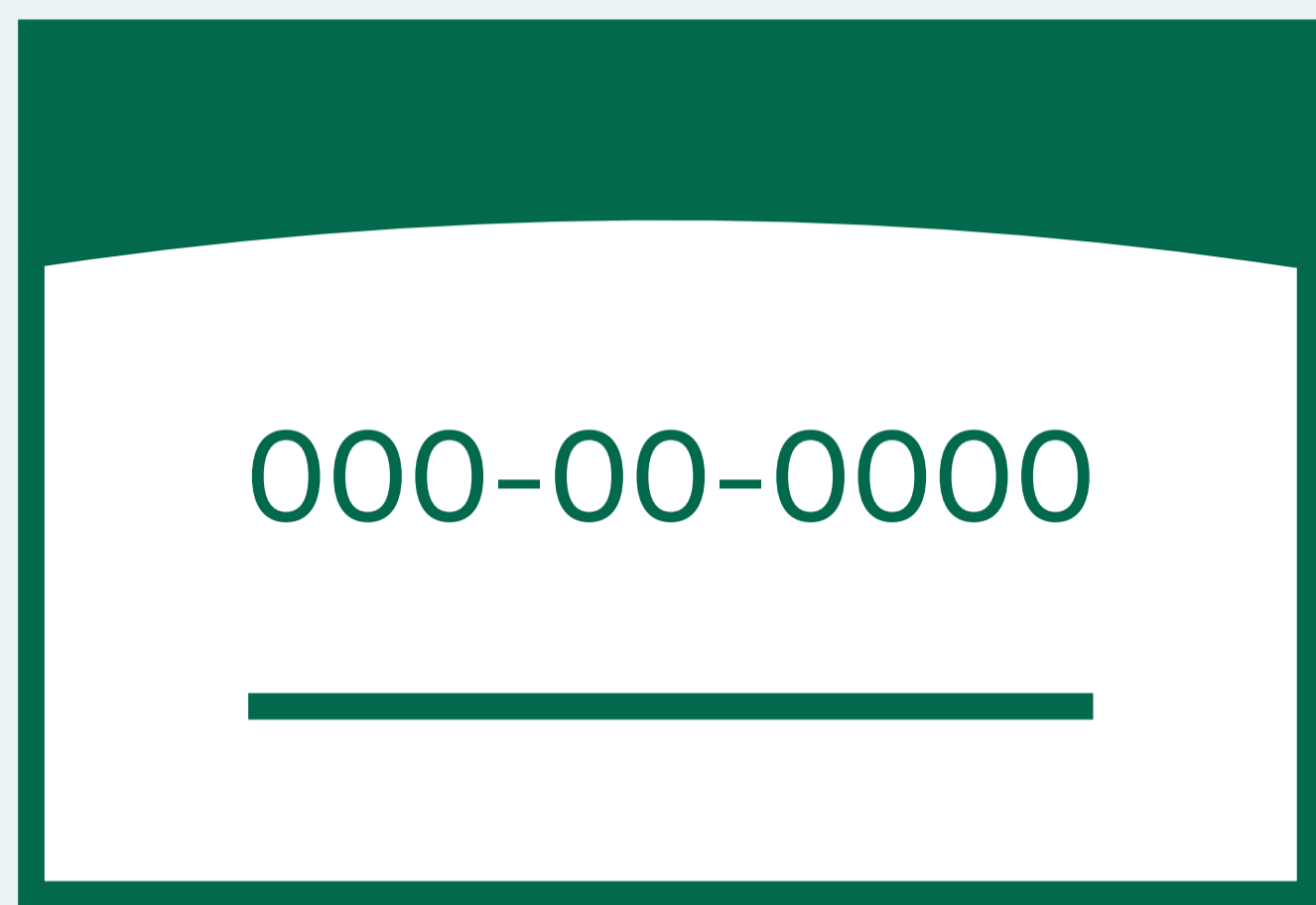
How To Apply For Medicare

Most adults 65+ are automatically enrolled in Medicare if they've worked for 10 years and paid their Medicare taxes. If they're not automatically enrolled, they must apply one of the following three ways:

1

Contact Social Security Directly

- ✓ Visit the local Social Security office or call Social Security at 800-772-1213.
- ✓ Bring proof of ID.



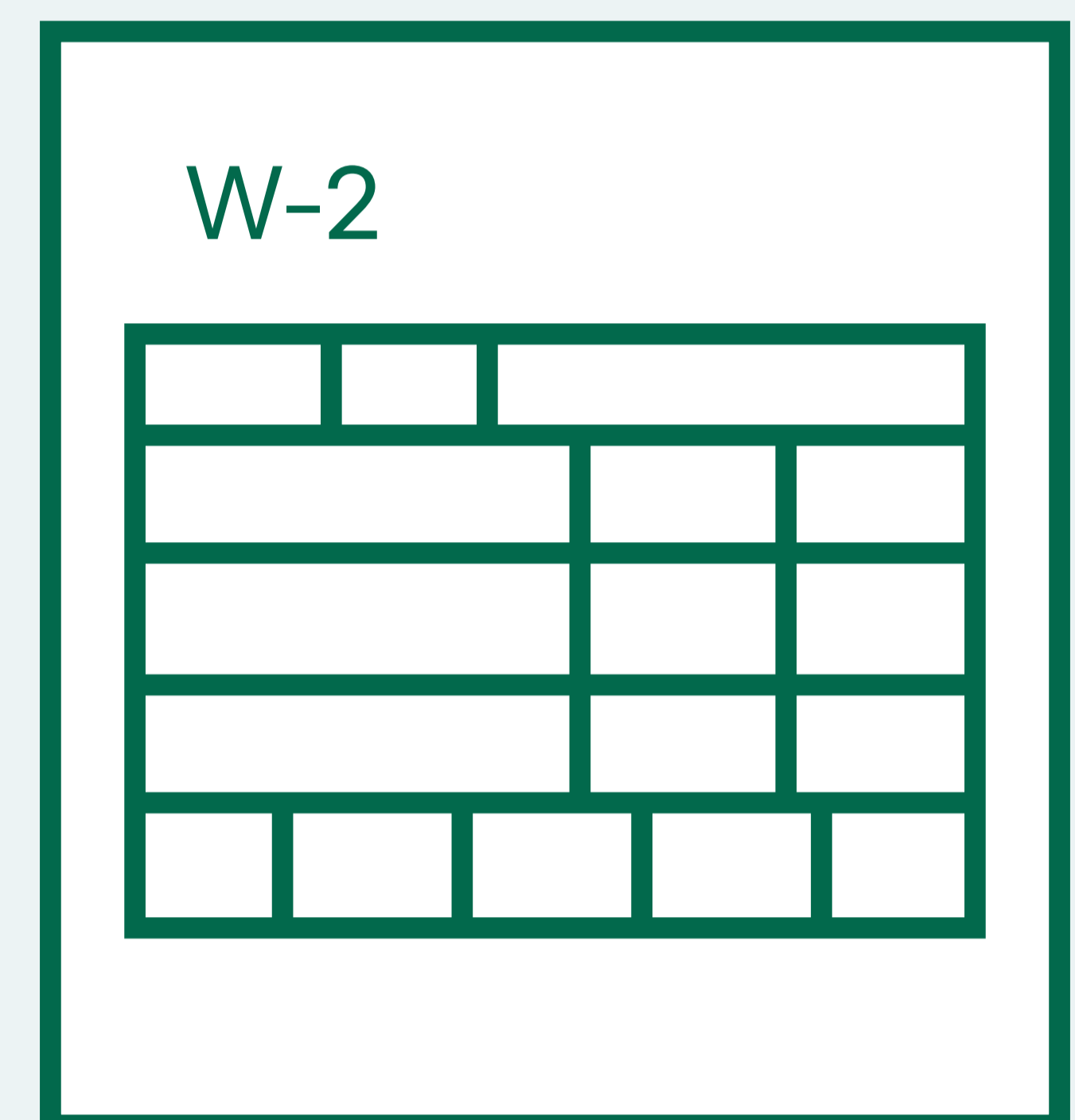
Social Security card



Birth certificate



Proof of citizenship



Copy of a W-2 form

- ✓ Work with a staff member to apply.

2

Apply for Social Security Benefits

- ✓ Apply for SS benefits online and once approved, you will be automatically enrolled in Medicare.

3

Apply Online for Medicare

- ✓ Log into www.ssa.gov and create a Social Security account.
- ✓ Fill out an application. The application will ask for sensitive information such as date of birth and social security number.
- ✓ Submit the application and wait to hear if you qualify.

Medicare Sample Form

Medicare Sample Form

Do you need a reasonable accommodation or special help to complete your application/redetermination because you have a disability? Yes No
 If you checked yes, please see page 4 about how we can help. If you need a reasonable accommodation or special help, what kind of help do you need?

Please give us the following information about you:

Your Name: _____
 First M.I. Last

Your Address: _____

Your Mailing Address (if different): _____

Your Telephone Number: _____ A Message Number: _____

Your Marital Status: Never Married Married Separated
 Divorced Widowed

This application is for Yourself only Yourself and your spouse

 First M.I. Last

	Date of Birth	Place of Birth	Social Security #	Sex	Do you have Medicare?	
					Part A?	Part B?
Yourself					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Spouse					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please tell us about your medical insurance:

Add separate pages if you need them.

Insurance for Yourself	Insurance for Your Spouse
Medicare Claim #: _____	Medicare Claim #: _____
Other Insurance, if any Company Name: _____ Address: _____ Customer Service Phone: _____ Policy Number: _____ Group Number: _____	Other Insurance, if any Company Name: _____ Address: _____ Customer Service Phone: _____ Policy Number: _____ Group Number: _____
Please check off all the services that are covered: <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor/Hospital/Surgical <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Long Term Care	Please check off all the services that are covered: <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor/Hospital/Surgical <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Long Term Care
Policy Start Date: _____ Stop Date: _____	Policy Start Date: _____ Stop Date: _____
Policy Premium Amount: _____ per _____	Policy Premium Amount: _____ per _____
When you started paying this premium: _____	When you started paying this premium: _____